

## PHYSICAL COVER SHEET

### PRIVACY ACT STATEMENT

**Authority:** 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and EO 9397.

**Principal Purpose(s):** To obtain medical data for determination of medical fitness for enlistment, induction, appointment, and retention for applicants and members of the Armed Forces.

**Routine Use(s):** None.

**Disclosure:** Voluntary; however, failure by applicant to provide the information may result in delay or possible rejection of the individual's application.

1. Applicant needs to print page two of this document.
2. Carry to your physician to complete.
3. Include this with your packet instead of sending your entire medical physical packet.

This cover sheet will provide a higher level protection for your personal and private information.

Every selected applicant will need to hand-carry the actual physical with them when reporting to Fort Rucker for WOCS.

If for any reason the physician does not qualify a physical, the applicant will need to send the entire physical packet and supporting documents to USAREC to request an exception to policy.

\_\_\_\_\_  
(Date)

MEMORANDUM FOR Commander, US Army Recruiting Command, ATTN: RCRO-SM, Fort Knox,  
KY 40121-2726

SUBJECT: Results of Medical Examination

The results of a commissioning/aviation physical are furnished for the following individual:

a. \_\_\_\_\_  
(Rank) (Print or Type Last Name, First Name, MI)

b. \_\_\_\_\_  
(SSN)

c. \_\_\_\_\_  
(Unit, Company, Duty Station)

d. Physical Profile Code:

P	U	L	H	E	S

e. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

f. Physical initiated on: \_\_\_\_\_  
(Date)

g. Physical completed on: \_\_\_\_\_  
(Date)

h. If Flight Physical, date approved from USAAMC: \_\_\_\_\_ Stamped: \_\_\_\_\_  
(Applicant must include page one showing stamp from Fort Rucker.) (1W, 1A)

i. Individual \_\_\_\_\_ is Fully Qualified \_\_\_\_\_ is NOT Fully Qualified.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Physician's Stamp)